



DEPARTMENT OF COMMUNITY  
DEVELOPMENT  
PLANNING DIVISION  
TOWN OF WEST HARTFORD  
50 SOUTH MAIN STREET  
WEST HARTFORD, CT 06107-2431  
TEL: 860.561.7555 FAX: 860.561.7504  
[www.westhartfordct.gov](http://www.westhartfordct.gov)

**PERMIT APPLICATION FOR: (check one of the following)**

☐ Lot Split ☒ Special Use Permit ☐ Site Plan  
☐ Lot Line Revisions ☐ Subdivision ☐ Building Line

FOR OFFICE USE ONLY:

File #: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Street Address of Proposed Application: \_\_\_\_\_  
Zone: \_\_\_\_\_ Acreage/Lot Area: \_\_\_\_\_ Parcel/Lot#: \_\_\_\_\_  
Application Fee: \_\_\_\_\_ Surcharge Fee: \_\_\_\_\_ Affidavit Fee: \_\_\_\_\_

Applicant's Interest in Property: Owner

**Brief Description of Proposed Activity:** \_\_\_\_\_  
Construction of a +/- 24,535 SF footprint (31,174 GSF) addition to the existing O'Connell Athletic Center with associated site, grading, drainage and utility improvements. See attached narrative for additional information.

The undersigned warrants the truth of all statements contained herein and in all supporting documents to the best of his/her knowledge and belief. Furthermore, the applicant agrees that submission of this document constitutes permission and consent to Commission and Staff inspections of the site. *Note: Notice is hereby given the Connecticut Department of Public Health must be notified by applicants for any project located within a public water supply aquifer protection area or watershed area. (CTDPH website at <http://www.dph.state.ct.us>)*

University of Saint Joseph

Record Owner's Name

1678 Asylum Avenue

Street

West Hartford, CT 06117

City State Zip

860-231-5238

Telephone #

**Contact Person:**

Shawn Harrington

Name

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Street

West Hartford, CT 06117

City State Zip

860-231-5238

Telephone #

sharrington@usj.edu

Email Address

Applicant's Name

Street

City State Zip

Telephone #

Applicant's Signature

Signature of Owner/Authorized Agent